

06-25-04

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590  
Robert M Barrett  
Bell Boyd & Lloyd  
P O Box 1135  
Chicago, IL 60690-1135



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Renee Street	(Depositor's name)
<i>[Signature]</i>	(Signature)
June 22, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/674,738	07/25/2001	Rainer Maurer	112843-006	5329

TITLE OF INVENTION: USE OF BROMELAINE PROTEASES FOR INHIBITING BLOOD COAGULATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	06/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WALICKA, MALGORZATA A	1652	424-094650

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Bell, Boyd &amp;

2 Lloyd LLC

3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ursapharm Arzneimittel GmbH

Federal Republic of Germany

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 3

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1818 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

June 22, 2004

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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06/28/2004 GWORDF2 00000074 09674738

01 FC:1501  
02 FC:80011330.00 OP  
9.00 OP

TRANSMIT THIS FORM WITH FEE(S)

**TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)**  
**(37 C.F.R. 1.311)**

Docket No.  
**112843-006**

Applicant(s): **Maurer et al.**

Serial No.  
**09/674,738**

Filing Date  
**July 25, 2001**

Examiner  
**M. Walicka**

Group Art Unit  
**1652**

Confirmation No.  
**5329**

Invention:

**USE OF BROMELAIN PROTEASES FOR INHIBITING BLOOD COAGULATION**



**Mail Stop Issue Fee**  
**TO THE COMMISSIONER FOR PATENTS**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Transmitted herewith are the following for the above-identified application.

- ☒ Issue Fee Transmittal Form PTOL-85
- ☒ Utility Fee: **\$ 1330.00**      ☐ Design Fee: \_\_\_\_\_      ☐ Plant Fee: \_\_\_\_\_
- ☐ Publication Fee: \_\_\_\_\_
- ☒ A check in the amount of **\$1,339.00** is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. **02-1818** as described below.
- ☐ Charge the amount of \_\_\_\_\_
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.

*Signature*

Dated: **June 22, 2004**

**Robert M. Barrett (30,142)**  
**ATTORNEYS FOR APPLICANTS**  
**Bell, Boyd & Lloyd LLC**  
**P.O. Box 1135**  
**Chicago, Illinois 60690-1135**

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*Signature of Person Mailing Correspondence*

**Renee Street**

*Typed or Printed Name of Person Mailing Correspondence*